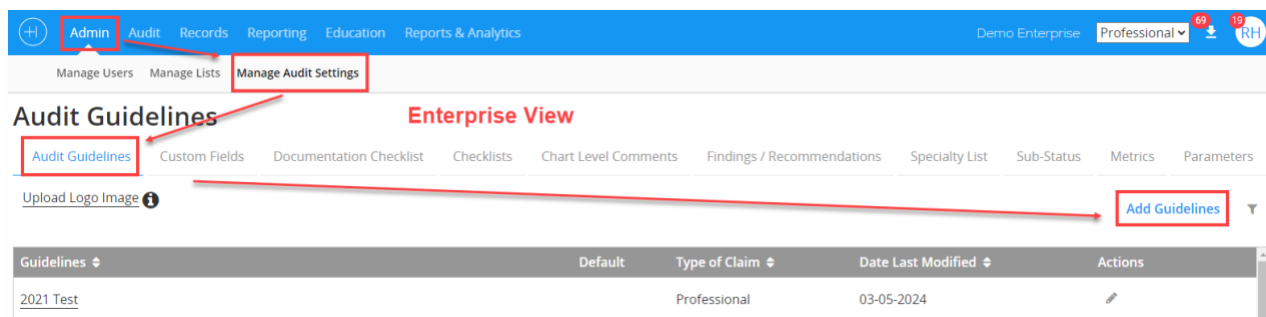


## Audit Guidelines Reference Sheet

### What are Audit Guidelines?

The Audit Guidelines are instructions and settings that govern each audit project. They provide an accessible location to share instructions, audit scope, set audit requirements, and control which sections display on reports.

Each account must have at least one Global Audit Guideline set up under Admin > Manage Audit Settings (for Enterprise Clients) or under Admin > Manage Settings (for Consulting Clients).

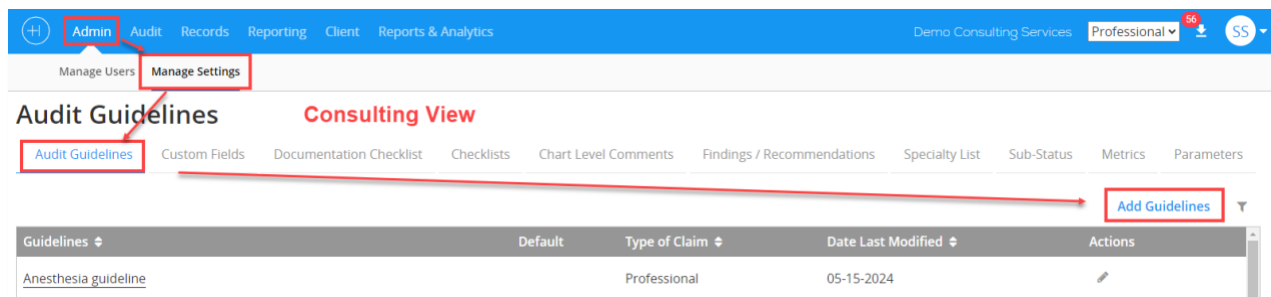


Most organizations create different guideline templates based on the scope and reporting needs of different types of audits.

For example, an Surgery only guideline might remove the E/M accuracy table, or turn on the HCC risk features for an HCC audits.

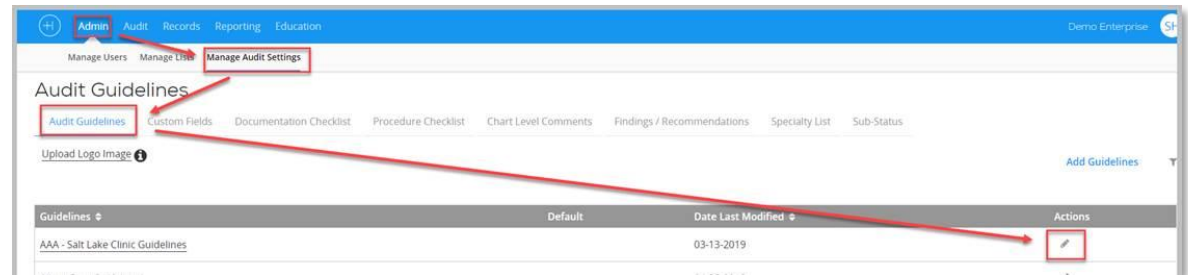
### Creating a Guideline

To create an Audit Guideline, go to Admin > Manage Audit Settings > Audit Guidelines > Add Guideline (for Enterprise) or Admin > Manage Settings > Audit Guidelines (for Consulting).



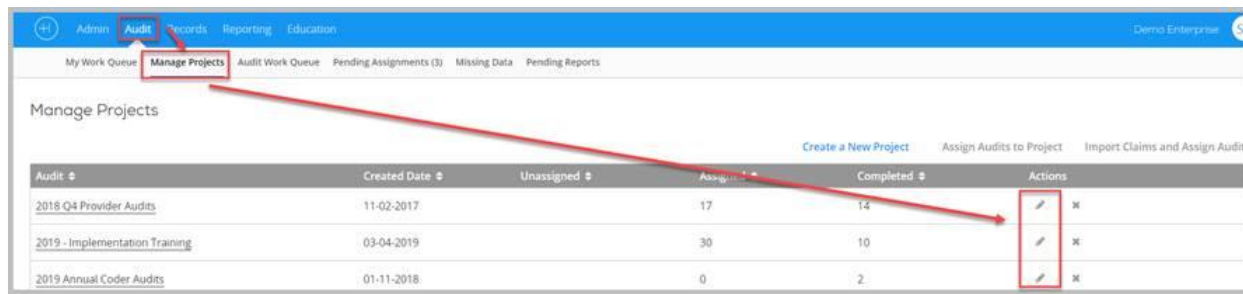
## Editing Global Audit Guidelines

To make changes to the global guidelines click the edit pencil to the right of the guideline. you want to update.



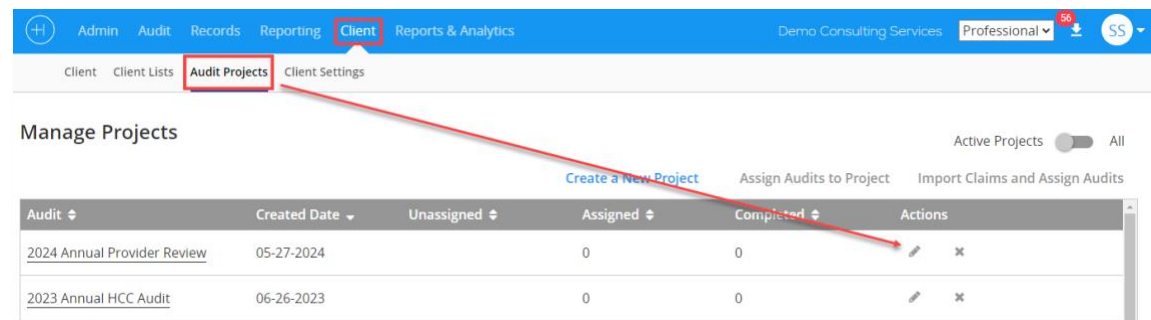
## Editing Audit Guidelines for a Project

Once applied to a project, the guidelines can be customized to the needs of the Audit. To make edits to the Audit Guidelines that govern a specific project:



**(Enterprise)** Go to Audit > Manage Project > Click the edit button to the far right of the project to edit.

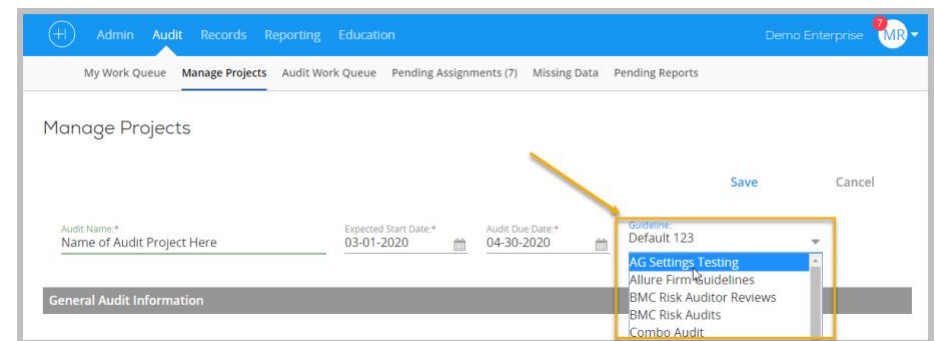
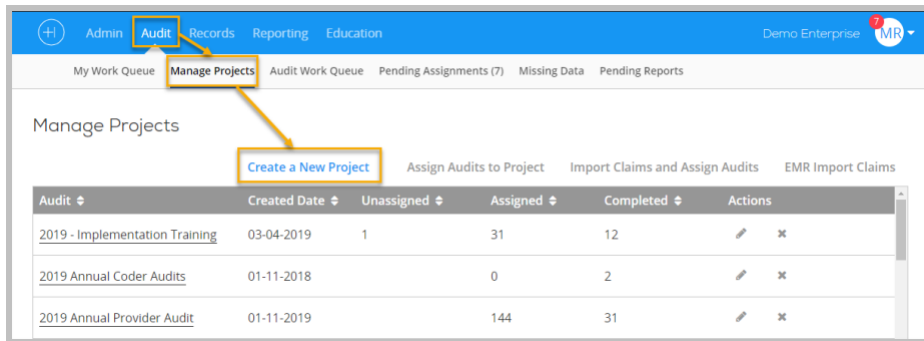
**(Consulting)** Go to Client > Click on Client for project to edit > Audit Projects > Click the edit button to right of project to edit.



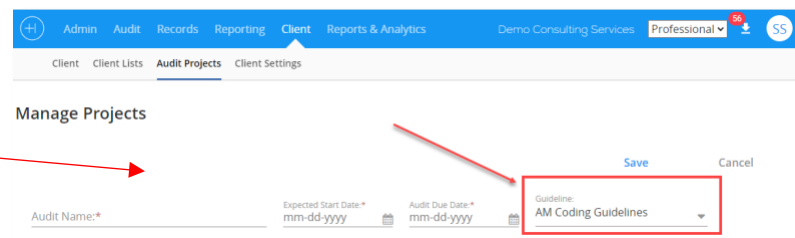
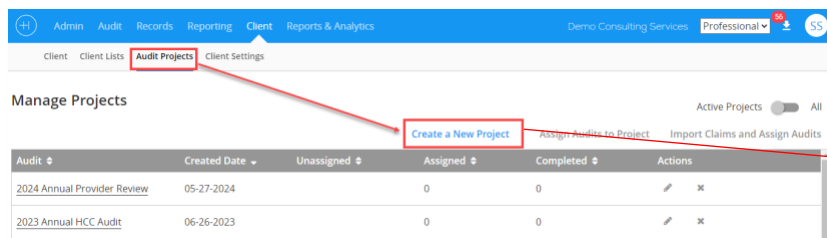
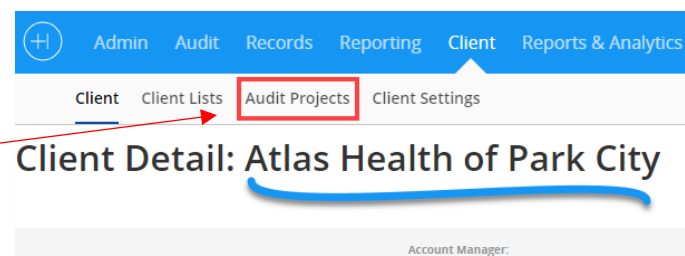
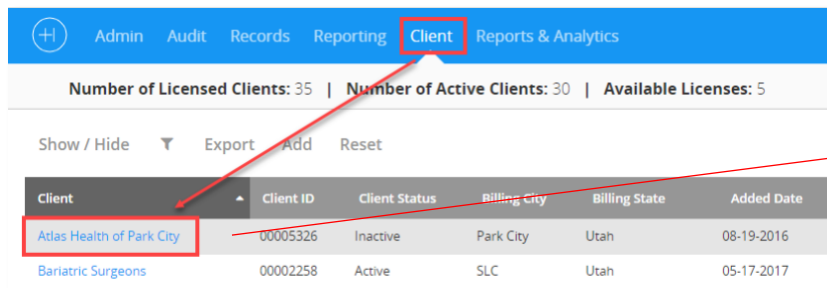
## How Audit Guidelines Work

The first step to auditing is to create a project to put the audits into. Upon project creation, users select one of the preset global Audit Guideline templates, allowing users to quickly apply the requirements and report settings to all the audits in the project.

(Enterprise) To create a project, go to Audit > Manage Projects > Create a New Project > on the far right there is a drop-down Guideline selection.



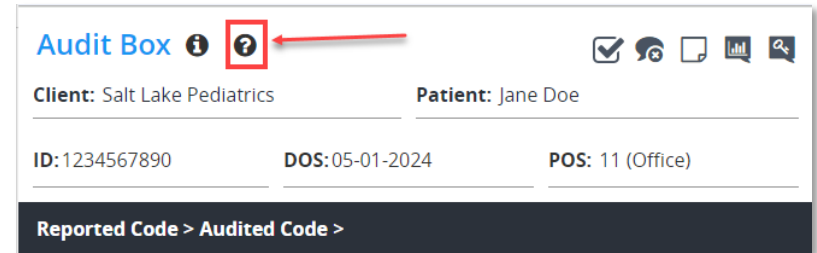
(Consulting) To create a project, go to Client > Click on Client Name for which you will create a project > on the client overview page click Audit Projects > Create New Project



## Audit Guidelines Settings Overview

The audit guidelines are project settings that govern which fields are required in the audit box, which auditing features are enabled and what is displayed in reports. Most of the fields within the Audit Guidelines are informational only; they do not have a downstream impact on the audit or reports.

Generally, the **informational fields** are used by **Consulting Clients** to capture the scope of work, specific requirements, and communicate to auditors how their client wants different scenarios handled within the audit. Auditors can view the audit guideline information directly from the audit box by clicking on the question mark in the upper left of the audit box.



## General Information Section

General Information | Data Elements

Guideline Name:  
Name of Guideline Here

Type of Claims  
 Professional  Facility  Dental

Scope of Audit  
 Type of Audit  
 E/M Only  E/M + Office Services  Surgical  
 ASC  Facility  HCC **1**  
 ICD9  ICD10  Other

Risk Adjustment Model\*  
 V28 (Medicare Advantage) **2**

Notes

Frequency  
 Select

Frequency Other:

Turn Around Time:  
 Select

Turn Around Time Other:

Prospective/ Retrospective:  
 Select

Passrate Threshold **4**

From	To	Pass/Fail	Action
90	100	<input type="radio"/> Pass <input type="radio"/> Fail	Audit Annually
0	89	<input type="radio"/> Pass <input checked="" type="radio"/> Fail	Education & 90 day Re-audit

Pass Rate Threshold Comment:

# of Providers

DOS Per Provider:  
 Select

DOS Per Provider Other:

+ Add Custom Criteria

Field Name

Applicable Medical Specialties:

- Adv. Pract. Dental Ther.
- Advance Diagnostic Imaging
- Advanced Practice Midwife
- Agency, All-Inclusive Care Elderly Provider Org
- Agency, Case Management
- Agency, Community/Behavioral Health
- Agency, Day Training, Developmentally Disabl
- Agency, Early Intervention Provider
- Agency, Foster Care Agency
- Agency, Home Health
- Agency, Home Infusion

**Informational Only**

**Note:** Fields in **gray** are **INFORMATIONAL**; **green** have a **downstream effect** on the audit or the reports.

**(1) HCC scope checkbox** turns on the HCC auditing features within the audit box.

ICD / EM / CPT / HCPCS Codes			
Diagnosis Codes			
Reported	Audited	Risk Adjust-ment ICD-10	Risk Adjust-ment Code
1 Q85.01	1 Q85.01	1 Q85.01	1 HCC12, ESRD12
2 M25.50	2 M25.50	2 M25.50	2 N/A
3 E11.10	3 E11.10	3 E11.10	3 ESRD17, HCC17, RXHCC30

**(2) Risk Adjustment Model** drop down allows users to select their desired risk model and version.

**(3) DOS Identification** determines whether patient name, Patient ID, or both display on reports.

**(4) Passrate Threshold** settings are **ONLY** for the custom report E/M Audit Failure report. Users

E/M Audit Failure Report  
 Report Run Date: 10/02/2018

Provider/Coder Name	Audit Project	Year	Practice/Organization	Audit Score	Pass / Fail
Jackson MD, B	Hospitalist Group Q 1 2016	2016	Uptown Neurology	27%	F
Jackson MD, B	Hospitalist Group Q 2 2016	2016	Uptown Neurology	40%	F
Jackson MD, B	Hospitalist Group Q 3 2016	2016	Uptown Neurology	40%	F
Gomez MD, C	Hospitalist Group Q 1 2016	2016	Downtown Clinic	82%	F
Gomez MD, C	Hospitalist Group Q 2 2016	2016	Downtown Clinic	100%	P
Gomez MD, C	Hospitalist Group Q 3 2016	2016	Downtown Clinic	91%	P

Pass Rate Threshold

90 - 100%	70 - 89%	0 - 69%
Provider Education Required	Re-audit in one year	Re-audit in six months

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Audit Manager

determine passing and failing accuracies that display as P or F in the report.

## Audit Parameters / Guidelines Section

**Audit Parameters / Guidelines:**

<b>Parameters/Metrics:</b> Select Parameter	<b>Authentication Sign-off Time:</b> maximum 1000 characters
<b>Client/MAC:</b> Cahaba GBA, LLC - Jurisdiction 10	<b>Allow &gt; 4 Diagnosis Codes:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No
<b>E/M Guidelines:</b> Select	<b>Apply sequencing rules to diagnosis codes:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Apply CMS consult rule to all DOS:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>ICD-10 Assessment Required: 8</b> <input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Place of Service(s) for audit:</b> Select	<b>Use DSM5:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Place of Service Required: 5</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Payer Type Required: 9</b> <input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Place of Service Note:</b> maximum 1000 characters	<b>Run Edits Required: 10</b> <input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Chief Complaint Required: 6</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Medicaid Special Guidelines:</b> maximum 1000 characters
<b>Chief Complaint Description Required: 7</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Modifier 25 Usage:</b> maximum 1000 characters
<b>Infer Chief Complaint if not stated:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Chart Level Comment Details:</b> maximum 1000 characters
<b>HPI Documentation required by provider: Legacy 95/97 setting</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	

**Note:** Fields in **gray** are **INFORMATIONAL**; fields in **green** have a **downstream effect** on the audit or the reports; fields in **yellow** are **legacy settings** for 95/97 features.

- (5) **Place of Service Required** makes this field within Patient Data section required.
- (6) **Chief Complaint Required** makes this field within Patient Data section required.
- (7) **Chief Complaint Description Required** forces the auditor to record the chief complaint into the Patient Data section of the Audit Box.
- (8) **ICD-10 Assessment Required** is a legacy feature when the industry converted from ICD-9 to ICD-10. This turns on additional fields in the scoring ICD/EM/CPT/HCPCS Codes Section that allow auditors to crosswalk 9 to 10 and mark

whether 10 is supported.

- (9) **Payer Type Required** makes this field within Patient Data section required.

ICD / EM / CPT / HCPCS Codes					Clear	Save
Diagnosis Codes						
Reported	Audited	ICD10	Supported ICD 10		Action	
1 401.0	1 401.1	1 I10	Yes	No	✎ ✕ ↓ ↑	
2 250.00	2 250.02	2 E11.9	Yes	No	✎ ✕ ↓ ↑	

(10) **Run Edits Required** makes this button in the ICD/EM/CPT/HCPCS Codes Section required, it displays a yellow triangle, when clicked, describes the potential NCCI edits (ex. Bundling issues, ages & gender code issues, etc.)

EM / CPT / HCPCS Codes									
Reported / Audited	Mod	Mod	Mod	Unit	Billed	Paid	wRVU	Alerts	Action
99213							1.3		
99213							1.3		
93000							0.17		
93000							0.17		

[Run Edit](#)

- CCI does not bundle 99213 into "93000", which you've submitted for the same DOS. But some payers may require modifier 25 with 99213 to indicate a significant and separately identifiable E/M service
- Modifier 25 or 57 required for same day E/M service

### Audit Parameters / Guidelines Section continued

**E/M 2021 Assessment Required: 11**  
 Yes  No

**Default Exam Type:**  
 95 - CMS (2-7 1 w/ detail + complete) [Legacy 95/97 setting](#)

Define 95 Exam Calculations for 2-7, 1 w/ Detail:  
 maximum 1000 characters

---

**Prolonged Services Default: 12**  
 Select

**Medical Decision Making (MDM) Required: Legacy 95/97 settings**  
 Yes  No

MDM Instructions:  
 maximum 1000 characters

---

**Documentation Elements Required: 13**  
 Yes  No

Apply Teaching Physician guidelines to all DOS:  
 Yes  No

Teaching Physician Instructions:  
 maximum 1000 characters

**Key Findings / Recommendations Required:**  
 Yes  No

Key Finding / Recommendation Details:  
 maximum 1000 characters

---

**Additional Data Required:**  
 Yes  No

General Guidelines Information:  
 maximum 1000 characters

---

Additional Parameters:  
 maximum 1000 characters

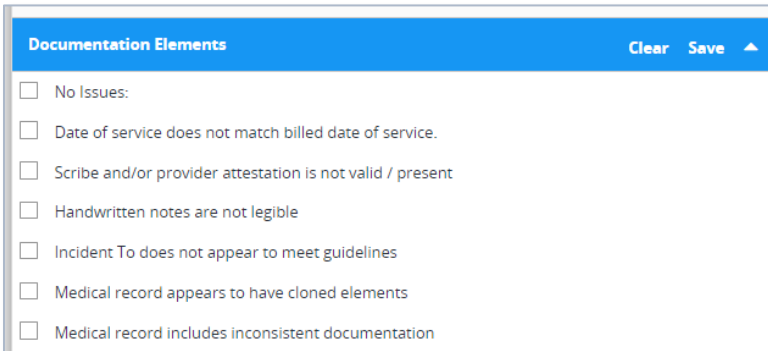
(11) **E/M 2021 Assessment Required** is a legacy feature utilized during the transition from 95/97 guidelines to AMA Guidelines. This feature allows auditors to enter an 'audited code' based on 95/97 and a '2021/2023 audited code' based on AMA. The report developed with this feature has

EM / CPT / HCPCS Codes							
Reported / Audited / 2021	Mod	Mod	Mod	Unit	Billed	Paid	wRVU
99213							0.97
99213							0.97
99214							1.92

Audit Details												
#	Patient ID	DOS	CPT Reported-Mod(s)	Units	CPT Audited-Mod(s)	Units	*EM Level	2023 MDM Level	**Key Component	Time (mins)	2023 Time (mins)	2023 EM Equivalent
1	12345678	03-15-2020	99213		99213		C	M	Q = M P = M D = L R = M	20	20	99214

both 'audited codes' on the report.

- (12) **Prolonged Services Default** allows users to default to either AMA or CMS prolonged service codes when using Time-based Coding.
- (13) **Documentation Elements Required** forces auditors to open the Documentation Elements section of the Audit Box and check one box (no issues if nothing applies). Auditors will not be able to 'Complete' the audit until something is checked.



Documentation Elements		Clear	Save	▲
<input type="checkbox"/>	No Issues:			
<input type="checkbox"/>	Date of service does not match billed date of service.			
<input type="checkbox"/>	Scribe and/or provider attestation is not valid / present			
<input type="checkbox"/>	Handwritten notes are not legible			
<input type="checkbox"/>	Incident To does not appear to meet guidelines			
<input type="checkbox"/>	Medical record appears to have cloned elements			
<input type="checkbox"/>	Medical record includes inconsistent documentation			

[Mid Level Guidelines](#) | [Lab and Dignostics Guidelines](#) | [Surgical Guidelines Sections](#)

All of these fields are INFORMATIONAL only.

Field Name	Value	Actions
<b>Mid Level Guidelines</b>		
Physician Assistant: Select	Apply Incident-to to all DOS: <input type="radio"/> Yes <input checked="" type="radio"/> No  Midlevel Billing Note: maximum 1000 characters _____	
Nurse Practitioner: Select		
Certified Nurse Practitioner: Select		
Midwives: Select		
<div style="background-color: #007bff; color: white; padding: 5px; display: inline-block;">+ Add Custom Criteria</div>		
Field Name	Value	Actions
<b>Lab and Diagnostic Guidelines</b>		
Lab results require in order to audit: <input type="radio"/> Yes <input checked="" type="radio"/> No	EKG requires CMS documentation for interpretation on all DOS: <input type="radio"/> Yes <input checked="" type="radio"/> No  EKG require auditor to have signed tracing to audit 93000: <input type="radio"/> Yes <input checked="" type="radio"/> No	
For Diagnostic / X-ray Apply: Select		
<div style="background-color: #007bff; color: white; padding: 5px; display: inline-block;">+ Add Custom Criteria</div>		
Field Name	Value	Actions
<b>Surgical Guidelines</b>		
Sequence codes by RVU: <input type="radio"/> Yes <input checked="" type="radio"/> No	Bi-lateral Procedure Modifier: Select _____  Mid Level Assistant Modifier: Select _____  Surgical Coding Guidelines: Select _____	
Apply NCCI Edits: <input type="radio"/> Yes <input checked="" type="radio"/> No		
Apply Modifier 51: <input type="radio"/> Yes <input checked="" type="radio"/> No		
<div style="background-color: #007bff; color: white; padding: 5px; display: inline-block;">+ Add Custom Criteria</div>		
Field Name	Value	Actions

## Assign Report Parameters Section

The following settings (1 – 12) control features on Reports. This includes elements in the Provider/Coder Detail Report header and which code accuracy tables display on the Provider Detail, Project Detail and Project Summary Reports.

### Assign Report Parameters

Report Type: Provider Detailed Report - Regular Audit

Custom Statement: Attorney Client Privilege Statement Prints HERE

- 1** Mark as Attorney Client Privilege:  Yes  No
- Include Signature Page:  Yes  No
- 2** Mark as Draft Copy:  Yes  No
- 3** Include Project Name in Header:  Yes  No
- 4** Include E/M Coding section:  Yes  No
- 5** Include Number of Wrong Category in E/M Coding Section:  Yes  No
- 6** Include CPT / HCPCS II section:  Yes  No
- 7** Include Modifier Scoring:  Yes  No
- 8** Include ICD-CM section:  Yes  No
- 9** Include E/M Detailed Review section:  Yes  No
- 10** Include Work RVU comparison section:  Yes  No
- 11** Include Total RVU comparison section:  Yes  No
- 12** Include Total dollar comparison section:  Yes  No

Report Instructions: maximum 1000 characters

**John Smith, MD**  
AAPC  
Date of Review: 10-22-2019  
Number of Dates of Service Reviewed: 2  
Project Name: Test - EM Settings **3**  
Overall Score: 60% **3.A**

**1 This is the Attorney Client Privilege Statement** **2 Draft Copy**

**Provider Detailed Report**

E/M Coding: Total Sample Size 6 codes **4**

Findings	Count	%
E/M Level appears to be correct	4	67%
E/M Level appears to be over-coded	2	33%
E/M Level appears to be under-coded	0	0%
E/M Level appears to be Wrong Category <b>5</b>	0	0%

CPT® / HCPCS II Coding: Total Sample Size 7 codes **6**

Findings	Count	%
Code(s) appear to be correct	5	71%
Code(s) appear to be incorrect	2	29%
Additional code(s) supported	0	0%

Modifier Coding: Total Sample Size 2 modifiers **7**

Findings	Count	%
Modifier(s) appear to be correct	1	50%
Modifier(s) appear to be incorrect	0	0%
Additional Modifier(s) supported	1	50%

ICD-10 CM Coding: Total Sample Size 4 codes **8**

Findings	Count	%
Code(s) appear to be correct	2	50%
Code(s) appear to be incorrect	2	50%
Additional code(s) supported	0	0%

E/M Detailed Review: Total Sample Size 6 codes **9**

Findings	Count	%
Over coded by 1 level	0	0%
Over coded by 2 levels	1	17%
Over coded by 3 levels	0	0%
Over coded by 4 levels	0	0%
Under coded by 1 level	0	0%
Under coded by 2 levels	0	0%
Under coded by 3 levels	0	0%
Under coded by 4 levels	0	0%
Number of category changes	1	17%

RVU Comparison

RVU Comp	Original	Audited	% Change
Total wRVU Value <b>10</b>	15.36	12.67	-18%

RVU Comp

RVU Comp	Original	Audited	% Change
Total RVU Value <b>11</b>	0	0	-

Dollar Comparison

Total Dollar Comp	Original	Audited	% Change
Total Dollar Value <b>12</b>	0	0	-

Provider	Provider First	Provider Last	Clinic	Provider Speciality	Evaluation / Management Coding				Accuracy Rate	ICD-10 Coding			Accuracy Rate	CPT / HCPCS Coding			Accuracy Rate	Modifier			Accuracy Rate	Overall Accuracy	
					Correct	Over	Under	Wrong	Total		Correct	Incorrect	Added		Correct	Incorrect	Added		Correct	Incorrect	Added		
7	Burns	Mike	AAPC	Family Practice	13	1	1	0	15	87%	31	3	2	86%	10	0	2	83%	0	0	1	0%	84%
8	Law	Jud	AAPC	Hand Surgery	2	2	1	0	5	40%	0	4	1	55%	3	1	0	75%	0	0	1	0%	52%
9	Smith	John	AAPC	Electrophysiology	0	1	0	0	1	0%	2	0	0	100%	1	0	0	100%	0	0	1	0%	60%
10	Jordan	Julie	Downtown	Bariatrics	2	1	1	0	4	50%	3	2	0	60%	2	0	1	67%	0	0	0	0%	58%
11	Bates	Garrett	AAPC	Family Practice	2	2	0	0	4	50%	6	1	0	86%	1	0	3	25%	2	0	1	67%	61%
12	Gold	Jacob	Downtown	Family Practice	9	2	2	1	14	64%	37	3	0	93%	4	0	0	100%	2	0	3	40%	83%
13	Scott	Stephani	Eastside	Family Practice	4	3	6	1	14	29%	29	6	1	81%	5	2	0	71%	0	0	3	0%	61%
14	Johnson	John	Downtown	Family Practice	0	0	1	1	2	0%	6	0	0	100%	3	0	0	100%	0	0	1	0%	73%
15	Brady	Tom	Frammingham Union	pcp	1	1	0	0	2	50%	2	0	0	100%	0	0	0	0%	0	0	0	0%	75%
16	<b>Total</b>				<b>33</b>	<b>13</b>	<b>12</b>	<b>3</b>	<b>61</b>	<b>54%</b>	<b>122</b>	<b>19</b>	<b>4</b>	<b>84%</b>	<b>29</b>	<b>3</b>	<b>6</b>	<b>76%</b>	<b>4</b>	<b>0</b>	<b>13</b>	<b>24%</b>	<b>72%</b>

18 Confidential Material: This information, prepared pursuant to our  
19 Demo Enterprise and is not intended for reliance by any other

## Assign Report Parameters Section Continued

The following settings (13-15) determine whether to display the Competency Findings, Key Findings & Recommendations, and whether your Key Findings appear directly beneath the Competency Section or start at the beginning of the next page.

Assign Report Parameters

Report Type:  
Provider Detailed Report - Regular Audit

Mark as Attorney Client Privilege:  
 Yes  No

Custom Statement:  
Attorney Client Privilege Statement Prints HERE

Include Signature Page:  
 Yes  No

Mark as Draft Copy:  
 Yes  No

Include Project Name in Header:  
 Yes  No

Include E/M Coding section:  
 Yes  No

Include Number of Wrong Category in E/M Coding Section:  
 Yes  No

Include CPT / HCPCS II section:  
 Yes  No

Include Modifier Scoring:  
 Yes  No

Include ICD-CM section:  
 Yes  No

13 Key Findings and Recommendations Page Break:  
 Yes  No

14 Include Key Findings section:  
 Yes  No

15 Include Competency section:  
 Yes  No

Inclusion of Scanned Images:  
 All Images  Only Images that contain incorrect

Project Details Report Summary  
 Include summary for all DOS  
 Only include summary for DOS that contain incorrect

Project Details Report - Practice Score:  
 E/M  
 CPT and HCPCS  
 Modifier(s)  
 ICD  
 HCC

Include Payer:  
 Yes  No

Include ICD Description:  
 Yes  No

Include Mapping:  
 Yes  No

Include HCC Description:  
 Yes  No

John Smith, MD  
AAPC  
Date of Review: 10-22-2019  
Number of Dates of Service Reviewed: 2  
Project Name: Test - EM Settings

**Draft Copy**  
*This is the Attorney Client Privilege Statement*

**Competency Findings 15**

The following section highlights key competency areas that were noted to be deficient based on the audit findings. It is recommended that post-audit education be conducted for the following competency areas:

<input checked="" type="checkbox"/> HPI & Status of 3 Chronics	<input checked="" type="checkbox"/> Office Procedures
<input type="checkbox"/> Review of Systems (ROS)	<input type="checkbox"/> Use of Modifiers
<input checked="" type="checkbox"/> History	<input type="checkbox"/> Annual Wellness / Preventative Services
<input type="checkbox"/> 95 Exam Guideline Rules	<input type="checkbox"/> Guidelines for New vs Established Patients
<input type="checkbox"/> 97 Exam Guideline Rules	<input type="checkbox"/> Time Based Coding
<input type="checkbox"/> MDM / Medical Necessity	<input type="checkbox"/> Proper Authentication
<input type="checkbox"/> Consultation Rules	<input type="checkbox"/> Critical Care Rules
<input checked="" type="checkbox"/> Incident To / Shared / Split Visits	<input type="checkbox"/> Nursing Facility / SNF Rules
<input type="checkbox"/> Other:	

**Audit Key Findings 14** 13 - Do you want a page break between Competency & Key Findings?

- All ICD-10-CM codes appear to support Risk Adjustment requirements.
- The rendering provider reflected in the medical record does not appear to match the rendering provider on the claim form for [ADD dates of service].
- The place of service reflected in the medical record does not appear to match the place of service on the claim form for [ADD dates of service].



## Assign Report Parameters Section Continued

The following settings (16-19) determine which columns display in the Audit Details for each encounter and the signature at the end of the report.

Assign Report Parameters

Report Type: Provider Detailed Report - Regular Audit

Mark as Attorney Client Privilege:  Yes  No

Custom Statement: Attorney Client Privilege Statement Prints HERE

Key Findings and Recommendations Page Break:  Yes  No

Include Key Findings section:  Yes  No

Include Competency section:  Yes  No

Inclusion of Scanned Images:  All Images  Only Images that contain incorrect

Project Details Report Summary:  Include summary for all DOS  Only include summary for DOS that contain incorrect

Project Details Report - Practice Score:  E/M  CPT and HCPCS  Modifier(s)  ICD  HCC

16 Include Payer:  Yes  No

17 Include ICD Description:  Yes  No

18 Include Mapping:  Yes  No

Include HCC Description:  Yes  No

Include HCC Risk Score:  Yes  No

Include Signature Page: 19  Yes  No

Mark as Draft Copy:  Yes  No

Include Project Name in Header:  Yes  No

Include E/M Coding section:  Yes  No

Include Number of Wrong Category in E/M Coding Section:  Yes  No

Include CPT / HCPCS II section:  Yes  No

Include Modifier Scoring:  Yes  No

Include ICD-CM section:  Yes  No

Include E/M Detailed Review section:  Yes  No

Include Work RVU comparison section:  Yes  No

Include Total RVU comparison section:  Yes  No

Include Total dollar comparison section:  Yes  No

Report Instructions: maximum 1000 characters

**Goat Billy**  
AAPC  
Date of Review: 12-06-2019  
Number of Dates of Service Reviewed: 1  
Project Name: AG Settings Testing

**Draft Copy**  
Attorney Client Privilege Statement Prints HERE

**Audit Details**

#	Patient Name	DOS	Payer	CPT Reported-Mod(s)	Units	Reported Mapping	CPT Audited-Mod(s)	Units	Audited Mapping	*EM Level	**Key Component	ICD-10 Reported	ICD-10 Reported Description	ICD-10 Audited	ICD-10 Audited Description
1	Test, test	01-10-2019	Medicare UT	99213 99471 D0330		1,2 3 4	99215 99471 D0330		1,2 4 3	-2	NNN	1. E11.9 2. I10 3. J30.9 4. E20.1	1. Type 2 diabetes mellitus without complications 2. Essential (primary) hypertension 3. Allergic rhinitis, unspecified 4. Pseudohypoparathyroidism	1. E11.3212 2. I10 3. J30.1 4. E20.1	1. Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye 2. Essential (primary) hypertension 3. Allergic rhinitis due to pollen 4. Pseudohypoparathyroidism

\*E/M Level legend: C = Correct, W = Wrong Category +1 = over-coded 1 level, +2 = over-coded 2 levels, +3 = over-coded 3 levels, +4 = over-coded 4 levels, -1 = under-coded 1 level, -2 = under-coded 2 levels, -3 = under-coded 3 levels, -4 = under-coded 4 levels, Blank = not applicable

\*\*Key Component legend: P - Problem Focused, E - Expanded Problem Focused, D - Detailed, C - Comprehensive, N - None, S - Straight Forward, L - Low, M - Moderate, H - High

Acknowledgement of receipt of audit report: 19 Date: \_\_\_\_\_



## Assign Report Parameters Section Continued

Assign Report Parameters

Report Type: Provider Detailed Report - Regular Audit

Mark as Attorney Client Privilege: Yes  No

Custom Statement: Attorney Client Privilege Statement Prints HERE

Key Findings and Recommendations Page Break: Yes  No

Include Key Findings section: Yes  No

Include Competency section: Yes  No

**20** Inclusion of Scanned Images: All Images  Only Images that contain errors

**21** Project Details Report Summary: Include summary for all DOS  Only include summary for DOS that contain errors

**22** Project Details Report - Practice Score: E/M  CPT and HCPCS  Modifier(s)  ICD  HCC

Include Signature Page: Yes  No

Mark as Draft Copy: Yes  No

Include Project Name in Header: Yes  No

Include E/M Coding section: Yes  No

**#20** – Gives users the ability to include uploaded patient records for all encounters or for only encounters that contain errors.

Submit Records

Attach New File(s)

(To minimize your upload time, the maximum number of files is 50 files per upload, or a total file size of 500MB per upload)

Admin Audit Records Reporting Education

My Work Queue Manage Projects Audit Work Queue Pending Assignments (3) Missing Data Pending Reports

Date of Service Work Queue - Demo Enterprise, Eastside, Scott, MD, Stephani, Family Practice

Show / Hide Export Back Reset

Case	PL ID	PL Name	Date of Service	Status
1	864-12	White, Emily	01-28-2019	completed
2	861-53	Bracken, Ernestine	01-10-2019	completed
3	471-52	Low, Hilary	01-26-2019	Not Scored
4	953-87	Sorrente, Julia	01-18-2019	completed
5	213-78	Christerson, Kevin	01-15-2019	completed
6	1134-01	Stanford, Steve	01-22-2019	completed
7	1313-87	Farmer, Michelle	01-15-2019	completed
8	4656-41	Masonson, Barbara	01-15-2019	completed
9	4054-66	Jurgens, Natalie	01-23-2019	completed
10	1297-31	Blackley, Eric	01-17-2019	completed

Showing 1 to 11 of 11 entries

View Report Findings / Recommendations Close Send to QA **Close Send Report** Close Pending Report Worksheet Detailed Report Project Data File

**Note:** In order to include patient records with reports, they must first be loaded into the Records page of the application.

**#21** – Project Detail Report Specific: Allows users to choose whether to include the Audit Details summary for all encounters in the entire project, or only encounters that contain errors.

**Note:** This feature is helpful due the volume of encounters summarized in a Project

#	Patient ID	DOS	CPT Reported	Reported Mapping	CPT Audited	Audited Mapping	*EM Level	**Key Component	ICD-10 Reported	ICD-10 Audited
1	123	09-01-2016	99291 1 99292 1	1 1	99291 1 99292 2	1 1	C C	NNN	1. I11.0 2. E11.311	
1. Medical record documentation supports adding 99292.										
2	456	09-01-2016	99222	1,2	99222	1,2	C	C C M	1. I11.9 2. E11.311	1. I11.9 2. E11.311
1. All CPT, HCPCS, and/or ICD-CM codes are supported by documentation received.										
3	789	09-01-2016	99222	1	99222	1	C	C C M	1. I12.0 2. E11.311	1. I12.0 2. E11.311
1. All CPT, HCPCS, and/or ICD-CM codes are supported by documentation received.										
4	123	09-01-2016	99291	2	99291	1,2	C	NNN	1. I11.0 2. E11.311	1. I11.0 2. E11.311

Do you want to display all the audit details for every encounter or only those encounters with errors?

One important note, the data in the audits is not available for reports until it is "Close Send Report" – that's a button along the bottom of the audit when you are viewing all the dates of service.

The "Date of Review" does not populate until the Auditor clicks "Close Send Report"

